CALCULATION SHE

APPLICATION NUMBER: 09/435034

Total Fee Calculation

				,		
	Fce Code	Total # Claims	Number Extra X	Fcc	Fee =	_
	Sm Æg.			Sa. Eatity		Tatal
Basic Filing Fee	201/101			Ca. Lany	Lg. Eatity	~/
Total Claims >20	203/103	35 -20 -	15 x			76C
Ladepeadeat Claims >3	202/102	16 -3 -	<u>/3</u> x	***************************************		
Mult Dep Claim Present	204/104					10/4
r Surcharge	205/105	· · · .				260
Eaglish Translation	139					
TOTAL FEE CALCULA	NOIT					 2304
Fees due upon filing th	ie application:					• •
Total Filing Fees Due =		230	94	\$ NO.	ig, faid	
Less Filing Fees Submi	tted - S	238	26 +	als	30	
BALANCE/DUE	= \$	· \$ 18,°	<i>50</i>	for Claim unpaid		•
Office of Initial Patent E	xamination				•	
FORM OPE-RAM-01 (Rev.	• •					
	/			•		

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		ΩB	OTHER THAN OR SMALL ENTITY		
FC	OR	NU	MBER FILED	NUMBER				OR 1 I		
	ASIC FEE				RATE	FEE 380.00		RATE	760.00	
TOTAL CLAIMS					1	<u> </u>	000.00	OR	34040	
					7	X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS / minus 3 = *					3	X39=		OR	X78=	1014
	JLTIPLE DEPEN					+130=	. !	OR	+260=	He 0
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	2304
	C		S AMENDED		(Column 3)	OTHER THA				
		(Column CLAIMS	3 Same	(Column 2) HIGHEST	(Column 5)		ADDI-	1 /		ADDI-
AMENDMENT A		REMAININ AFTER AMENDMEI		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PHESE	NTATION OF	F MULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
		·				TOTAL		OR ,	TOTAL	
	•	(Column	41	(Column 2)	(Column 3)	ADDIT. FEE	السست	,	ADDIT. FEE	
	The form of the second	CLAIMS	第八张 张 5	HIGHEST	(Column 5)		*501	4 1		1001
AMENDMENT B		REMAININ AFTER AMENDMEI		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
لــــ	FIRST PRESE	NTATION OF	F MULTIPLE DEP	ENDENT CLAIM		120-		İ	+260=	
	·					+130= TOTAL		OR	+260= TOTAL	
						ADDIT. FEE		OR ,	ADDIT. FEE	
 ,	18.	(Column		(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMEN	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		1	X78=	
	FIRST PRESE	NTATION OF	F MULTIPLE DEPI	ENDENT CLAIM		1		OR		.
* H	fat a retailed policy	the lang th	······································	2 -4- #0# in oo		+130=		OR	+260=	
**	the entry in coluri f the "Highest Nur."	mber Previoush	an the entry in colum sly Paid For" IN THIS	In 2, write "U" in coi	umn 3. in 20, enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
***	f the "Highest Nun	nher Previous	sly Paid For" IN THIS	SPACE is less that	n 3 enter "3 "	ADDIT. I LL			70011. I EE E	-